

SOUTHEAST QUADRANT MOBILE CRITICAL CARE UNIT
Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for	Part time BLS _____	Part time ALS _____	Full time BLS _____ Full Time ALS _____
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

DATE OF BIRTH: _____			
DRIVERS LICENSE	ARE YOU OVER 21 YEARS OLD?	YES	NO
NYS DRIVERS LICENSE NUMBER	EXPIRATION DATE		
Have you had any moving violations or points added to your license in the last 18 months?	Yes	No	
Do you have any chargeable accidents on your license in the last 3 years?	Yes	No	
Have you ever had your driver's license suspended or revoked?	Yes	No	
If you answered yes to any of the above questions please explain: _____			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

CERTIFICATIONS

(List only current certifications. Cards / certificates must be presented at interview, copies will not be accepted)

CERTIFICATION	NUMBER	EXPIRATION DATE	CERTIFICATION LOCATION
CPR			
EMT-B / EMT-I			
EMT-CC			
EMT-P			
CCEMTP			
ITLS / PHTLS			
PEPP / EPC			
ACLS			
PALS			
CDL			
NIMS 100			
NIMS 200			
NIMS 700			
NIMS 800			
OTHER:			

EMS AGENCY AFFILIATION

AGENCY: _____ SUPERVISOR: _____

DATES OF AFFILIATION: FROM: _____ TO: _____ POSITION(S): _____

REASON FOR LEAVING: _____

AGENCY: _____ SUPERVISOR: _____

DATES OF AFFILIATION: FROM: _____ TO: _____ POSITION(S): _____

REASON FOR LEAVING: _____

AGENCY: _____ SUPERVISOR: _____
DATES OF AFFILIATION: FROM: _____ TO: _____ POSITION(S): _____
REASON FOR LEAVING: _____

OTHER RELATED EXPERIENCE (FIRE DEPARTMENT, EXPLORERS, ETC.)

AGENCY: _____ SUPERVISOR: _____
DATES OF AFFILIATION: FROM: _____ TO: _____ POSITION(S): _____
REASON FOR LEAVING: _____

AGENCY: _____ SUPERVISOR: _____
DATES OF AFFILIATION: FROM: _____ TO: _____ POSITION(S): _____
REASON FOR LEAVING: _____

AGENCY: _____ SUPERVISOR: _____
DATES OF AFFILIATION: FROM: _____ TO: _____ POSITION(S): _____
REASON FOR LEAVING: _____

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT: _____

HAVE YOU EVER BEEN?

- Disciplined or terminated for reckless driving? _____ YES _____ NO
- Disciplined or terminated for excessive tardiness or absenteeism? _____ YES _____ NO
- Disciplined or terminated for insubordination? _____ YES _____ NO
- Disciplined or terminated for violation of safety issue? _____ YES _____ NO
- Disciplined or terminated for assault or fighting? _____ YES _____ NO
- Disciplined or terminated for patient abuse? _____ YES _____ NO
- Disciplined or terminated for Harassment? _____ YES _____ NO
- Disciplined or terminated for Alcohol or drug related activity at work? _____ YES _____ NO

If you answered yes to any question above, please explain: _____

Is there any other information you would like SEQ MCCU to consider for your employment? _____

ACKNOWLEDGEMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge of employment if employment is offered and I am hired. I recognize that completion of this application does not mean that job openings exist and does not obligate Southeast Quadrant MCCU (SEQ MCCU) in any way. Applications will remain active for six months, after which time re-application will be necessary. If I become an employee, employment will be "at will" and either I or SEQ MCCU are free to terminate the employment relationship without cause and without prior notice. This application is not an agreement or contract for employment.

If offered a position and at any time thereafter, I consent to medical examination as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to my employment and again at any time so required. A positive test for illicit substances will require proof of a current prescription. I further consent to allow any doctor, hospital, or testing laboratory to conduct any medical test or examination as may be required by SEQ MCCU as a condition of my employment, and hereby give my consent to the release of all information which SEQ MCCU deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time may result in immediate discharge from SEQ MCCU.

I hereby authorize SEQ MCCU to investigate my employment history with former employers, and authorize any former employer, person, firm corporation, school or government agency to give the court records, criminal justice records, educational records, employment records or personnel files, and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries.

This authorization to obtain records and information is not intended to permit the release of my medical records, medical information contained in my employment or educational records, or information relating to any worker's compensation claims that may have been filed in conjunction with any prior employment.

I release SEQ MCCU and all informants from all liability resulting from such inquiries. I waive all rights to see or review information so furnished. I also agree that a copy of this release and waiver form is as effective as the original.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my employment with SEQ MCCU may be terminated.

Signature

Date

Printed Name

FOR OFFICE USE ONLY: DATE RECEIVED: _____

INTERVIEW DATE: _____ ACCEPTED: _____ REJECTED: _____

LETTER SENT RESUME ON HOLD: _____ INITIALS _____

RESUME EXPIRATION DATE: _____ (6 MONTHS FROM RECEIPT OF RESUME)